

14 MDG/MDOS Public Health / Travel Medicine Clinic

Leave / Leisure Pre-travel Consultation Intake Form

***** Please complete form and send to Public Health Organization Email (usaf.columbus-ms.14-mdg.list.public-health@mail.mil). If you have not been contacted within 2 duty days, please contact the office at (662)434-2241. *****

- Public Health / Travel Medicine is located in Koritz Clinic (Bldg 1100) Main Floor.

Name: _____
Last First Middle Initial

Status: ☐ Active Duty ☐ Guard ☐ Reserve ☐ Retiree

☐ Dependent (if dependent, list sponsor's name and SSN: last 4) _____

Home/Cell # _____ Work # _____ **Currently live in local area**? Yes ☐ No ☐

Email address(es): _____

Itinerary: Departure date: ____ / ____ / ____ Return date: ____ / ____ / ____ Length of Stay: ____

List **cities and countries** you are scheduled to visit (in chronological order; include layovers):

Destination

Length of Stay

Travel Environment: ☐ Urban ☐ Rural ☐ Urban and rural

Reason(s) for travel: (mark all applicable)

☐ Leave / Vacation ☐ Volunteer / Mission ☐ Education / Study Abroad

☐ Visiting Friends / Family ☐ Adoption

☐ Other: _____

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Accommodations: (mark all applicable)

- | | |
|---|--|
| <input type="checkbox"/> 5-star hotel / resort (air conditioned / screened windows) | <input type="checkbox"/> Cruise ship |
| <input type="checkbox"/> Hotel / motel / hostel (with or without air conditioning) | <input type="checkbox"/> Local home / dwelling |
| <input type="checkbox"/> Camping | |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

Activities / Special Considerations: (mark all applicable)

- | | | |
|---|---|---|
| <input type="checkbox"/> Tourist / sight-seeing | <input type="checkbox"/> Usual tourist areas? | <input type="checkbox"/> Straying from the usual tourist areas? |
| <input type="checkbox"/> Adventure | <input type="checkbox"/> Altitude (>8000 ft) | <input type="checkbox"/> Scuba diving |
| <input type="checkbox"/> Water contact (swim, fish, hike, etc.) | <input type="checkbox"/> Animal contact (farm, hunt, live market, etc.) | |
| <input type="checkbox"/> Traveling with children | <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Traveling to remote areas (>24 hrs from health care) | <input type="checkbox"/> Other: _____ | |

Additional itinerary-based comments and/or specific concerns regarding your upcoming travel:

Return this completed Pre-travel Intake Form to Public Health / Travel Medicine Clinic or click submit

For assistance in completing this Pre-travel Intake Form, please contact:

Public Health Office @ (662) 434-2241